

CERTIFICATION OF ENROLLMENT
ENGROSSED SUBSTITUTE SENATE BILL 6665

Chapter 320, Laws of 2008

(partial veto)

60th Legislature
2008 Regular Session

INTENSIVE CASE MANAGEMENT--INTEGRATED RESPONSE--PILOT PROGRAMS

EFFECTIVE DATE: 06/12/08

Passed by the Senate March 12, 2008
YEAS 49 NAYS 0

BRAD OWEN

President of the Senate

Passed by the House March 12, 2008
YEAS 97 NAYS 0

FRANK CHOPP

Speaker of the House of Representatives

Approved April 1, 2008, 4:10 p.m., with
the exception of section 4 which is
vetoed.

CHRISTINE GREGOIRE

Governor of the State of Washington

CERTIFICATE

I, Thomas Hoemann, Secretary of
the Senate of the State of
Washington, do hereby certify that
the attached is **ENGROSSED
SUBSTITUTE SENATE BILL 6665** as
passed by the Senate and the House
of Representatives on the dates
hereon set forth.

THOMAS HOEMANN

Secretary

FILED

April 2, 2008

**Secretary of State
State of Washington**

ENGROSSED SUBSTITUTE SENATE BILL 6665

AS AMENDED BY THE HOUSE

Passed Legislature - 2008 Regular Session

State of Washington 60th Legislature 2008 Regular Session

By Senate Human Services & Corrections (originally sponsored by Senators Hargrove, Stevens, and Marr)

READ FIRST TIME 02/08/08.

1 AN ACT Relating to the intensive case management and integrated
2 response pilot programs; amending RCW 70.96A.800, 70.96B.800,
3 70.96B.010, 70.96B.020, 70.96B.050, and 70.96B.100; creating a new
4 section; repealing RCW 70.96B.900; and repealing 2007 c 120 s 4
5 (uncodified).

6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

7 **Sec. 1.** RCW 70.96A.800 and 2005 c 504 s 220 are each amended to
8 read as follows:

9 (1) Subject to funds appropriated for this specific purpose, the
10 secretary shall select and contract with counties to provide intensive
11 case management for chemically dependent persons with histories of high
12 utilization of crisis services at two sites. In selecting the two
13 sites, the secretary shall endeavor to site one in an urban county, and
14 one in a rural county; and to site them in counties other than those
15 selected pursuant to RCW 70.96B.020, to the extent necessary to
16 facilitate evaluation of pilot project results. Subject to funds
17 appropriated for this specific purpose, the secretary may contract with
18 additional counties to provide intensive case management.

1 (2) The contracted sites shall implement the pilot programs by
2 providing intensive case management to persons with a primary chemical
3 dependency diagnosis or dual primary chemical dependency and mental
4 health diagnoses, through the employment of chemical dependency case
5 managers. The chemical dependency case managers shall:

6 (a) Be trained in and use the integrated, comprehensive screening
7 and assessment process adopted under RCW 70.96C.010;

8 (b) Reduce the use of crisis medical, chemical dependency and
9 mental health services, including but not limited to, emergency room
10 admissions, hospitalizations, detoxification programs, inpatient
11 psychiatric admissions, involuntary treatment petitions, emergency
12 medical services, and ambulance services;

13 (c) Reduce the use of emergency first responder services including
14 police, fire, emergency medical, and ambulance services;

15 (d) Reduce the number of criminal justice interventions including
16 arrests, violations of conditions of supervision, bookings, jail days,
17 prison sanction day for violations, court appearances, and prosecutor
18 and defense costs;

19 (e) Where appropriate and available, work with therapeutic courts
20 including drug courts and mental health courts to maximize the outcomes
21 for the individual and reduce the likelihood of reoffense;

22 (f) Coordinate with local offices of the economic services
23 administration to assist the person in accessing and remaining enrolled
24 in those programs to which the person may be entitled;

25 (g) Where appropriate and available, coordinate with primary care
26 and other programs operated through the federal government including
27 federally qualified health centers, Indian health programs, and
28 veterans' health programs for which the person is eligible to reduce
29 duplication of services and conflicts in case approach;

30 (h) Where appropriate, advocate for the client's needs to assist
31 the person in achieving and maintaining stability and progress toward
32 recovery;

33 (i) Document the numbers of persons with co-occurring mental and
34 substance abuse disorders and the point of determination of the co-
35 occurring disorder by quadrant of intensity of need; and

36 (j) Where a program participant is under supervision by the
37 department of corrections, collaborate with the department of

1 corrections to maximize treatment outcomes and reduce the likelihood of
2 reoffense.

3 (3) The pilot programs established by this section shall begin
4 providing services by March 1, 2006.

5 (~~((4) This section expires June 30, 2008.))~~)

6 **Sec. 2.** RCW 70.96B.800 and 2005 c 504 s 217 are each amended to
7 read as follows:

8 (1) The Washington state institute for public policy shall evaluate
9 the pilot programs and make ~~((a))~~ preliminary reports to appropriate
10 committees of the legislature by December 1, 2007, and June 30, 2008,
11 and a final report by ~~((September 30, 2008))~~ June 30, 2010.

12 (2) The evaluation of the pilot programs shall include:

13 (a) Whether the designated crisis responder pilot program:

14 (i) Has increased efficiency of evaluation and treatment of persons
15 involuntarily detained for seventy-two hours;

16 (ii) Is cost-effective;

17 (iii) Results in better outcomes for persons involuntarily
18 detained;

19 (iv) Increased the effectiveness of the crisis response system in
20 the pilot catchment areas;

21 (b) The effectiveness of providing a single chapter in the Revised
22 Code of Washington to address initial detention of persons with mental
23 disorders or chemical dependency, in crisis response situations and the
24 likelihood of effectiveness of providing a single, comprehensive
25 involuntary treatment act.

26 (3) The reports shall consider the impact of the pilot programs on
27 the existing mental health system and on the persons served by the
28 system.

29 **Sec. 3.** RCW 70.96B.010 and 2005 c 504 s 202 are each amended to
30 read as follows:

31 The definitions in this section apply throughout this chapter
32 unless the context clearly requires otherwise.

33 (1) "Admission" or "admit" means a decision by a physician that a
34 person should be examined or treated as a patient in a hospital, an
35 evaluation and treatment facility, or other inpatient facility, or a
36 decision by a professional person in charge or his or her designee that

1 a person should be detained as a patient for evaluation and treatment
2 in a secure detoxification facility or other certified chemical
3 dependency provider.

4 (2) "Antipsychotic medications" means that class of drugs primarily
5 used to treat serious manifestations of mental illness associated with
6 thought disorders, which includes but is not limited to atypical
7 antipsychotic medications.

8 (3) "Approved treatment program" means a discrete program of
9 chemical dependency treatment provided by a treatment program certified
10 by the department as meeting standards adopted under chapter 70.96A
11 RCW.

12 (4) "Attending staff" means any person on the staff of a public or
13 private agency having responsibility for the care and treatment of a
14 patient.

15 (5) "Chemical dependency" means:

- 16 (a) Alcoholism;
- 17 (b) Drug addiction; or
- 18 (c) Dependence on alcohol and one or more other psychoactive
19 chemicals, as the context requires.

20 (6) "Chemical dependency professional" means a person certified as
21 a chemical dependency professional by the department of health under
22 chapter 18.205 RCW.

23 (7) "Commitment" means the determination by a court that a person
24 should be detained for a period of either evaluation or treatment, or
25 both, in an inpatient or a less restrictive setting.

26 (8) "Conditional release" means a revocable modification of a
27 commitment that may be revoked upon violation of any of its terms.

28 (9) "Custody" means involuntary detention under either chapter
29 71.05 or 70.96A RCW or this chapter, uninterrupted by any period of
30 unconditional release from commitment from a facility providing
31 involuntary care and treatment.

32 (10) "Department" means the department of social and health
33 services.

34 (11) "Designated chemical dependency specialist" or "specialist"
35 means a person designated by the county alcoholism and other drug
36 addiction program coordinator designated under RCW 70.96A.310 to
37 perform the commitment duties described in RCW 70.96A.140 and this

1 chapter, and qualified to do so by meeting standards adopted by the
2 department.

3 (12) "Designated crisis responder" means a person designated by the
4 county or regional support network to perform the duties specified in
5 this chapter.

6 (13) "Designated mental health professional" means a mental health
7 professional designated by the county or other authority authorized in
8 rule to perform the duties specified in this chapter.

9 (14) "Detention" or "detain" means the lawful confinement of a
10 person under this chapter, or chapter 70.96A or 71.05 RCW.

11 (15) "Developmental disabilities professional" means a person who
12 has specialized training and three years of experience in directly
13 treating or working with individuals with developmental disabilities
14 and is a psychiatrist, psychologist, or social worker, and such other
15 developmental disabilities professionals as may be defined by rules
16 adopted by the secretary.

17 (16) "Developmental disability" means that condition defined in RCW
18 71A.10.020.

19 (17) "Discharge" means the termination of facility authority. The
20 commitment may remain in place, be terminated, or be amended by court
21 order.

22 (18) "Evaluation and treatment facility" means any facility that
23 can provide directly, or by direct arrangement with other public or
24 private agencies, emergency evaluation and treatment, outpatient care,
25 and timely and appropriate inpatient care to persons suffering from a
26 mental disorder, and that is certified as such by the department. A
27 physically separate and separately operated portion of a state hospital
28 may be designated as an evaluation and treatment facility. A facility
29 that is part of, or operated by, the department or any federal agency
30 does not require certification. No correctional institution or
31 facility, or jail, may be an evaluation and treatment facility within
32 the meaning of this chapter.

33 (19) "Facility" means either an evaluation and treatment facility
34 or a secure detoxification facility.

35 (20) "Gravely disabled" means a condition in which a person, as a
36 result of a mental disorder, or as a result of the use of alcohol or
37 other psychoactive chemicals:

1 (a) Is in danger of serious physical harm resulting from a failure
2 to provide for his or her essential human needs of health or safety; or

3 (b) Manifests severe deterioration in routine functioning evidenced
4 by repeated and escalating loss of cognitive or volitional control over
5 his or her actions and is not receiving such care as is essential for
6 his or her health or safety.

7 (21) "History of one or more violent acts" refers to the period of
8 time ten years before the filing of a petition under this chapter, or
9 chapter 70.96A or 71.05 RCW, excluding any time spent, but not any
10 violent acts committed, in a mental health facility or a long-term
11 alcoholism or drug treatment facility, or in confinement as a result of
12 a criminal conviction.

13 (22) "Imminent" means the state or condition of being likely to
14 occur at any moment or near at hand, rather than distant or remote.

15 (23) "Intoxicated person" means a person whose mental or physical
16 functioning is substantially impaired as a result of the use of alcohol
17 or other psychoactive chemicals.

18 ((+23+)) (24) "Judicial commitment" means a commitment by a court
19 under this chapter.

20 ((+24+)) (25) "Licensed physician" means a person licensed to
21 practice medicine or osteopathic medicine and surgery in the state of
22 Washington.

23 ((+25+)) (26) "Likelihood of serious harm" means:

24 (a) A substantial risk that:

25 (i) Physical harm will be inflicted by a person upon his or her own
26 person, as evidenced by threats or attempts to commit suicide or
27 inflict physical harm on oneself;

28 (ii) Physical harm will be inflicted by a person upon another, as
29 evidenced by behavior that has caused such harm or that places another
30 person or persons in reasonable fear of sustaining such harm; or

31 (iii) Physical harm will be inflicted by a person upon the property
32 of others, as evidenced by behavior that has caused substantial loss or
33 damage to the property of others; or

34 (b) The person has threatened the physical safety of another and
35 has a history of one or more violent acts.

36 ((+26+)) (27) "Mental disorder" means any organic, mental, or
37 emotional impairment that has substantial adverse effects on a person's
38 cognitive or volitional functions.

1 (~~(27)~~) (28) "Mental health professional" means a psychiatrist,
2 psychologist, psychiatric nurse, or social worker, and such other
3 mental health professionals as may be defined by rules adopted by the
4 secretary under the authority of chapter 71.05 RCW.

5 (~~(28)~~) (29) "Peace officer" means a law enforcement official of
6 a public agency or governmental unit, and includes persons specifically
7 given peace officer powers by any state law, local ordinance, or
8 judicial order of appointment.

9 (~~(29)~~) (30) "Person in charge" means a physician or chemical
10 dependency counselor as defined in rule by the department, who is
11 empowered by a certified treatment program with authority to make
12 assessment, admission, continuing care, and discharge decisions on
13 behalf of the certified program.

14 (~~(30)~~) (31) "Private agency" means any person, partnership,
15 corporation, or association that is not a public agency, whether or not
16 financed in whole or in part by public funds, that constitutes an
17 evaluation and treatment facility or private institution, or hospital,
18 or approved treatment program, that is conducted for, or includes a
19 department or ward conducted for, the care and treatment of persons who
20 are mentally ill and/or chemically dependent.

21 (~~(31)~~) (32) "Professional person" means a mental health
22 professional or chemical dependency professional and shall also mean a
23 physician, registered nurse, and such others as may be defined by rules
24 adopted by the secretary pursuant to the provisions of this chapter.

25 (~~(32)~~) (33) "Psychiatrist" means a person having a license as a
26 physician and surgeon in this state who has in addition completed three
27 years of graduate training in psychiatry in a program approved by the
28 American medical association or the American osteopathic association
29 and is certified or eligible to be certified by the American board of
30 psychiatry and neurology.

31 (~~(33)~~) (34) "Psychologist" means a person who has been licensed
32 as a psychologist under chapter 18.83 RCW.

33 (~~(34)~~) (35) "Public agency" means any evaluation and treatment
34 facility or institution, or hospital, or approved treatment program
35 that is conducted for, or includes a department or ward conducted for,
36 the care and treatment of persons who are mentally ill and/or
37 chemically dependent, if the agency is operated directly by federal,

1 state, county, or municipal government, or a combination of such
2 governments.

3 ~~((35))~~ (36) "Registration records" means all the records of the
4 department, regional support networks, treatment facilities, and other
5 persons providing services to the department, county departments, or
6 facilities which identify persons who are receiving or who at any time
7 have received services for mental illness.

8 ~~((36))~~ (37) "Release" means legal termination of the commitment
9 under chapter 70.96A or 71.05 RCW or this chapter.

10 ~~((37))~~ (38) "Secretary" means the secretary of the department or
11 the secretary's designee.

12 ~~((38))~~ (39) "Secure detoxification facility" means a facility
13 operated by either a public or private agency or by the program of an
14 agency that serves the purpose of providing evaluation and assessment,
15 and acute and/or subacute detoxification services for intoxicated
16 persons and includes security measures sufficient to protect the
17 patients, staff, and community.

18 ~~((39))~~ (40) "Social worker" means a person with a master's or
19 further advanced degree from an accredited school of social work or a
20 degree deemed equivalent under rules adopted by the secretary.

21 ~~((40))~~ (41) "Treatment records" means registration records and
22 all other records concerning persons who are receiving or who at any
23 time have received services for mental illness, which are maintained by
24 the department, by regional support networks and their staffs, and by
25 treatment facilities. Treatment records do not include notes or
26 records maintained for personal use by a person providing treatment
27 services for the department, regional support networks, or a treatment
28 facility if the notes or records are not available to others.

29 ~~((41))~~ (42) "Violent act" means behavior that resulted in
30 homicide, attempted suicide, nonfatal injuries, or substantial damage
31 to property.

32 ***Sec. 4. RCW 70.96B.020 and 2005 c 504 s 203 are each amended to**
33 **read as follows:**

34 **(1) Subject to funds appropriated for this specific purpose, the**
35 **secretary, after consulting with the Washington state association of**
36 **counties, shall select and contract with regional support networks or**
37 **counties to provide two integrated crisis response and involuntary**

1 treatment pilot programs for adults and shall allocate resources for
2 both integrated services and secure detoxification services in the
3 pilot areas. In selecting the two regional support networks or
4 counties, the secretary shall endeavor to site one in an urban and one
5 in a rural regional support network or county; and to site them in
6 counties other than those selected pursuant to RCW 70.96A.800, to the
7 extent necessary to facilitate evaluation of pilot project results.
8 Subject to funds appropriated for this specific purpose, the secretary
9 may contract with additional regional support networks or counties to
10 provide integrated crisis response and involuntary treatment pilot
11 programs to adults.

12 (2) The regional support networks or counties shall implement the
13 pilot programs by providing integrated crisis response and involuntary
14 treatment to persons with a chemical dependency, a mental disorder, or
15 both, consistent with this chapter. The pilot programs shall:

16 (a) Combine the crisis responder functions of a designated mental
17 health professional under chapter 71.05 RCW and a designated chemical
18 dependency specialist under chapter 70.96A RCW by establishing a new
19 designated crisis responder who is authorized to conduct investigations
20 and detain persons up to seventy-two hours to the proper facility;

21 (b) Provide training to the crisis responders as required by the
22 department;

23 (c) Provide sufficient staff and resources to ensure availability
24 of an adequate number of crisis responders twenty-four hours a day,
25 seven days a week;

26 (d) Provide the administrative and court-related staff, resources,
27 and processes necessary to facilitate the legal requirements of the
28 initial detention and the commitment hearings for persons with a
29 chemical dependency;

30 (e) Participate in the evaluation and report to assess the outcomes
31 of the pilot programs including providing data and information as
32 requested;

33 (f) Provide the other services necessary to the implementation of
34 the pilot programs, consistent with this chapter as determined by the
35 secretary in contract; and

36 (g) Collaborate with the department of corrections where persons
37 detained or committed are also subject to supervision by the department
38 of corrections.

1 **(3) The pilot programs established by this section shall begin**
2 **providing services by March 1, 2006.**

**Sec. 4 was vetoed. See message at end of chapter.*

3 **Sec. 5.** RCW 70.96B.050 and 2007 c 120 s 1 are each amended to read
4 as follows:

5 (1) When a designated crisis responder receives information
6 alleging that a person, as a result of a mental disorder, chemical
7 dependency disorder, or both, presents a likelihood of serious harm or
8 is gravely disabled, the designated crisis responder may, after
9 investigation and evaluation of the specific facts alleged and of the
10 reliability and credibility of any person providing information to
11 initiate detention, if satisfied that the allegations are true and that
12 the person will not voluntarily seek appropriate treatment, file a
13 petition for initial detention. Before filing the petition, the
14 designated crisis responder must personally interview the person,
15 unless the person refuses an interview, and determine whether the
16 person will voluntarily receive appropriate evaluation and treatment at
17 either an evaluation and treatment facility, a detoxification facility,
18 or other certified chemical dependency provider.

19 (2)(a) An order to detain to an evaluation and treatment facility,
20 a detoxification facility, or other certified chemical dependency
21 provider for not more than a seventy-two hour evaluation and treatment
22 period may be issued by a judge upon request of a designated crisis
23 responder: (i) Whenever it appears to the satisfaction of a judge of
24 the superior court, district court, or other court permitted by court
25 rule, that there is probable cause to support the petition, and (ii)
26 that the person has refused or failed to accept appropriate evaluation
27 and treatment voluntarily.

28 (b) The petition for initial detention, signed under penalty of
29 perjury or sworn telephonic testimony, may be considered by the court
30 in determining whether there are sufficient grounds for issuing the
31 order.

32 (c) The order shall designate retained counsel or, if counsel is
33 appointed from a list provided by the court, the name, business
34 address, and telephone number of the attorney appointed to represent
35 the person.

36 (3) The designated crisis responder shall then serve or cause to be
37 served on such person, his or her guardian, and conservator, if any, a

1 copy of the order to appear, together with a notice of rights and a
2 petition for initial detention. After service on the person, the
3 designated crisis responder shall file the return of service in court
4 and provide copies of all papers in the court file to the evaluation
5 and treatment facility or secure detoxification facility and the
6 designated attorney. The designated crisis responder shall notify the
7 court and the prosecuting attorney that a probable cause hearing will
8 be held within seventy-two hours of the date and time of outpatient
9 evaluation or admission to the evaluation and treatment facility,
10 secure detoxification facility, or other certified chemical dependency
11 provider. If requested by the detained person or his or her attorney,
12 the hearing may be postponed for a period not to exceed forty-eight
13 hours. The hearing may be continued subject to the petitioner's
14 showing of good cause for a period not to exceed twenty-four hours.
15 The person may be accompanied by one or more of his or her relatives,
16 friends, an attorney, a personal physician, or other professional or
17 religious advisor to the place of evaluation. An attorney accompanying
18 the person to the place of evaluation shall be permitted to be present
19 during the admission evaluation. Any other person accompanying the
20 person may be present during the admission evaluation. The facility
21 may exclude the person if his or her presence would present a safety
22 risk, delay the proceedings, or otherwise interfere with the
23 evaluation.

24 (4) The designated crisis responder may notify a peace officer to
25 take the person or cause the person to be taken into custody and placed
26 in an evaluation and treatment facility, a secure detoxification
27 facility, or other certified chemical dependency provider. At the time
28 the person is taken into custody there shall commence to be served on
29 the person, his or her guardian, and conservator, if any, a copy of the
30 original order together with a notice of detention, a notice of rights,
31 and a petition for initial detention.

32 **Sec. 6.** RCW 70.96B.100 and 2005 c 504 s 211 are each amended to
33 read as follows:

34 ~~((If a person is detained for additional treatment beyond fourteen~~
35 ~~days under RCW 70.96B.090, the professional staff of the agency or~~
36 ~~facility may petition for additional treatment under RCW 70.96A.140.))~~

37 (1) A person detained for fourteen days of involuntary chemical

1 dependency treatment under RCW 70.96B.090 or subsection (6) of this
2 section shall be released from involuntary treatment at the expiration
3 of the period of commitment unless the professional staff of the agency
4 or facility files a petition for an additional period of involuntary
5 treatment under RCW 70.96A.140, or files a petition for sixty days less
6 restrictive treatment under this section naming the detained person as
7 a respondent. Costs associated with the obtainment or revocation of an
8 order for less restrictive treatment and subsequent involuntary
9 commitment shall be provided for within current funding.

10 (2) A petition for less restrictive treatment must be filed at
11 least three days before expiration of the fourteen-day period of
12 intensive treatment, and comport with the rules contained in RCW
13 70.96B.090(2). The petition shall state facts that support the finding
14 that the respondent, as a result of a chemical dependency, presents a
15 likelihood of serious harm or is gravely disabled, and that continued
16 treatment pursuant to a less restrictive order is in the best interest
17 of the respondent or others. At the time of filing such a petition,
18 the clerk shall set a time for the respondent to come before the court
19 on the next judicial day after the day of filing unless such appearance
20 is waived by the respondent's attorney.

21 (3) At the time set for appearance the respondent must be brought
22 before the court, unless such appearance has been waived and the court
23 shall advise the respondent of his or her right to be represented by an
24 attorney. If the respondent is not represented by an attorney, or is
25 indigent or is unwilling to retain an attorney, the court shall
26 immediately appoint an attorney to represent the respondent. The court
27 shall, if requested, appoint a reasonably available licensed physician,
28 psychologist, or psychiatrist, designated by the respondent to examine
29 and testify on behalf of the respondent.

30 (4) The court shall conduct a hearing on the petition for sixty
31 days less restrictive treatment on or before the last day of the
32 confinement period. The burden of proof shall be by clear, cogent, and
33 convincing evidence and shall be upon the petitioner. The respondent
34 shall be present at such proceeding. The rules of evidence shall
35 apply, and the respondent shall have the right to present evidence on
36 his or her behalf, to cross-examine witnesses who testify against him
37 or her, to remain silent, and to view and copy all petitions and
38 reports in the court file. The physician-patient privilege or the

1 psychologist-client privilege shall be deemed waived in accordance with
2 the provisions under RCW 71.05.360(9). Involuntary treatment shall
3 continue while a petition for less restrictive treatment is pending
4 under this section.

5 (5) The court may impose a sixty-day less restrictive order if the
6 evidence shows that the respondent, as a result of a chemical
7 dependency, presents a likelihood of serious harm or is gravely
8 disabled, and that continued treatment pursuant to a less restrictive
9 order is in the best interest of the respondent or others. The less
10 restrictive order may impose treatment conditions and other conditions
11 which are in the best interest of the respondent and others. A copy of
12 the less restrictive order shall be given to the respondent, the
13 designated crisis responder, and any program designated to provide less
14 restrictive treatment. A program designated to provide less
15 restrictive treatment and willing to supervise the conditions of the
16 less restrictive order may modify the conditions for continued release
17 when the modification is in the best interests of the respondent, but
18 must notify the designated crisis responder and the court of such
19 modification.

20 (6) If a program approved by the court and willing to supervise the
21 conditions of the less restrictive order or the designated crisis
22 responder determines that the respondent is failing to adhere to the
23 terms of the less restrictive order or that substantial deterioration
24 in the respondent's functioning has occurred, then the designated
25 crisis responder shall notify the court of original commitment and
26 request a hearing to be held no less than two and no more than seven
27 days after the date of the request to determine whether or not the
28 respondent should be returned to more restrictive care. The designated
29 crisis responder may cause the respondent to be immediately taken into
30 custody of the secure detoxification facility pending the hearing if
31 the alleged noncompliance causes the respondent to present a likelihood
32 of serious harm. The designated crisis responder shall file a petition
33 with the court stating the facts substantiating the need for the
34 hearing along with the treatment recommendations. The respondent shall
35 have the same rights with respect to notice, hearing, and counsel as
36 for the original involuntary treatment proceedings. The issues to be
37 determined at the hearing are whether the conditionally released
38 respondent did or did not adhere to the terms and conditions of his or

1 her release to less restrictive care or that substantial deterioration
2 of the respondent's functioning has occurred and whether the conditions
3 of release should be modified or the respondent should be returned to
4 a more restrictive setting. The hearing may be waived by the
5 respondent and his or her counsel and his or her guardian or
6 conservator, if any, but may not be waived unless all such persons
7 agree to the waiver. If the court finds in favor of the petitioner, or
8 the respondent waives a hearing, the court may order the respondent to
9 be committed to a secure detoxification facility for fourteen days of
10 involuntary chemical dependency treatment, or may order the respondent
11 to be returned to less restrictive treatment on the same or modified
12 conditions.

13 NEW SECTION. Sec. 7. RCW 70.96B.900 (Expiration date--2005 c 504
14 §§ 202-216) and 2005 c 504 s 219 are each repealed.

15 NEW SECTION. Sec. 8. 2007 c 120 s 4 (uncodified) is repealed.

16 NEW SECTION. Sec. 9. If specific funding for the purposes of this
17 act, referencing this act by bill or chapter number, is not provided by
18 June 30, 2008, in the omnibus appropriations act, this act is null and
19 void.

Passed by the Senate March 12, 2008.

Passed by the House March 12, 2008.

Approved by the Governor April 1, 2008, with the exception of
certain items that were vetoed.

Filed in Office of Secretary of State April 2, 2008.

Note: Governor's explanation of partial veto is as follows:

"I am returning, without my approval as to Section 4, Engrossed
Substitute Senate Bill 6665 entitled:

"AN ACT Relating to the intensive case management and integrated
response pilot programs."

This bill extends the life of two pilot programs authorized by the
Legislature in 2005, the Intensive Case Management and the Integrated
Crisis Response pilots. Section 4 provides the Department of Social
and Health Services with the authority to expand the number of
intensive crisis response pilots. Vetoing this section allows time
for the Washington State Institute for Public Policy to adequately
study the effectiveness of these programs prior to making a
determination on whether to expand their availability.

For these reasons, I have vetoed Section 4 of Engrossed Substitute
Senate Bill 6665.

With the exception of Section 4, Engrossed Substitute Senate Bill
6665 is approved."